

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 9/385,918		FILING DATE				
							APPLICANT(S)						
8125106 CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51	1					
2		1		1			52		1				
3				1			53						
4				1			54		2				
5				1			55				1		
6				1			56				1		
7				1			57				1		
8		2		2			58				1		
9		1		1			59				1		
10				1			60						
11	1						61						
12							62						
13							63						
14							64						
15							65						
16	1						66						
17							67						
18							68						
19							69						
20							70						
21	1						71						
22							72						
23							73						
24							74						
25							75						
26	1						76						
27							77						
28							78						
29	1						79						
30							80						
31							81						
32	1						82						
33							83						
34							84						
35							85						
36	1						86						
37							87						
38	1						88						
39							89						
40							90						
41	1						91						
42							92						
43							93						
44	1						94						
45							95						
46	1						96						
47							97						
48	1						98						
49							99						
50							100						
TOTAL IND.	14						TOTAL IND.			1			
TOTAL DEP.	42						TOTAL DEP.			15			
TOTAL CLAIMS	56						TOTAL CLAIMS			16			